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“Beauty shouldn’t cost your life”: Plastic Surgery, Modernity, and a Mexican Public Health Campaign

As the summer heat continues to saturate the clinic, a patient walks in to the small room. She sits down and explains to the surgeon that her previous employer, a general practitioner, injected her with a number of fillers. She is now in pain and is worried about possible side effects from the *ad hoc* beauty treatment. This hospital doesn’t accept such cases. The doctor tells her about the program in place at the *Hospital General de Mexico*, which has a protocol for treating such problems. Though, after more discussion and stating that she also wishes to have work done to her eyes and a reshaping of her nose, the surgeon agrees to treat her. I later ask the doctors more about this patient. An intern talks about the many patients that come in and the difficulty they face removing the substances they have been filled with. He tells me about one man, a 22 year old that came to the hospital with his body filled with cooking oil, and his near death that resulted from him seeking a muscular appearance.

Extract from author’s field notes: 28 May, 2008

In 2008 I spent six months observing consultations in the cosmetic surgery clinic held every Friday in *Hospital del Sur*¹, a large public institution in the South of Mexico City. Every week a variety of patients come to the hospital seeking medical attention for their cosmetic grievances. While many are there to capitalize on the requirement that this teaching hospital offer a full range of plastic surgery procedures as part of its post-graduate program, others seek out the clinic as a sanctuary away from the many risks inherent in the cosmetic marketplace in Mexico. The clinic is testament to the existence of a large illicit industry that turns clients into hospital patients by injecting their buttocks directly with silicone, by shaping their muscles with cooking oil, or by providing operations outside the scope of physicians’ basic medical training. The consequences of these risks include scars, chronic illness, deformity, and even death.

Recently the Mexican Association of Aesthetic and Reconstructive Surgery (AMCPER) enrolled the central government to fight against charlatan doctors and unspecialized physicians operating on the Mexican public, resulting in the much publicized regulatory campaign *Que la belleza no te cueste la vida* (Beauty shouldn’t cost your life). When I began my fieldwork I noticed the frequent appearance of representatives from the Association in the local and national press. They spoke of the prevalence of cosmetic surgery in Mexico - third in the world at the time - and urged potential patients to avoid illegitimate practices and seek the services only of accredited surgeons. Increasingly now they highlight the horror cases they see and speak of the success of the government campaign in closing down unregistered clinics, iterating however that cosmetic surgery is in itself not inherently dangerous. Their message seeks simultaneously to dissuade and persuade. In this article I show that the surgeon-government initiated media campaign aims to fortify the image of the state and the profession while making imperative good consumption practice; it aims to produce good, ethical citizens who look after themselves.

It does this through an appropriation of the margins, and its violence, which it seeks to envelop into the center of the states modernizing project. In Columbia, a country that shares with Mexico problems of crime and corruption, people delight as they tell and listen to stories of bodies mutilated through botched cosmetic surgery.

¹ This is a pseudonym.

Reflecting on this delight, Michael Taussig (2012) suggests that anthropologists have failed to notice the productive place of aesthetics in human life. Invoking classic anthropological accounts of magic and sacrifice, beautification and witchcraft, he argues that rather than seeing beauty as form we should instead focus on its energizing force as it helps shape both society and history. So too, he writes, might we mediate on the aesthetics of terror, whether or not in the form of *narcotraficante* violence and surgical demise. In Mexico, the politics of fear promoted by plastic surgeons and government officials is inherently aesthetic. It is about beautification and uglification, life, death, health and making the right choice.

Much writing on development and violence in Latin America focuses on the threat that political instability and crime pose for the modernizing ambitions of nation states (Ayers 1998; North et al 2012). As we will see, *Que la belleza no te cueste la vida* continues the Mexican state's historical use of violence as a mode of political control; it does so, however, by publicizing deformed and damaged bodies rather than through a guns in hand form of terror. Violence, democracy, and development become entwined as the state seeks to appropriate maimed bodies to usher its citizens into a medical modernity. Here a link appears between aesthetics in philosophy and Taussig's aesthetics as cultural force. This link lies in the slippage and overlap between ethics and aesthetics: Active participation in the public sphere as a means for "self-realization" is made available and fostered in the realm of surgical modification.² The result of this is a form of "as-if modernity" that has the state "organized around a transformation of reason and will in the production of ascetic moderns" while taking "its material for transformation a population it constitutes as radically disjunct from reason itself" (Cohen 2004: 164). Violence, in the form of the mutilated body and symbolic of the limitations of the developmental state, emerges central to Mexico's modernizing project as local bureaucrats and medical elites promote fear and terror as a mechanism for controlling "'the masses' - subjects [it views as] capable of passion but not reason" (ibid).

There is thus something much greater going on here, something beneath the surface. The majority of social science writing on cosmetic surgery explores it as a normalizing and disciplining procedure that reproduces and embodies neoliberal and patriarchal value (Blum 2003; Covino 2007; Haiken 1997). Developing these studies, I am interested in how with all of its artificiality and danger, cosmetic surgery has joined the Mexican state as an enterprise in need of protection. Over the last forty years, the Mexican state has experienced something of a crisis as transformations in political organization have undermined its traditional forms of legitimization. Whereas once the state gained its authority from its status as a modernizing institution that had fulfilled the promise of the Mexican revolution by putting land in the hands of the landless, the 1968 student massacres, 1982 economic crises and 1994 Zapatista uprising threatened this idealized image and introduced the notion of *desmadre*, of a national *chaos*. Together with the 2000 presidential election that brought "democracy" to the country, these events have resulted in a number of profound changes to the way legitimacy is produced and performed in Mexico, seen in such things as in the growth of anticorruption campaigns (Bartra 2002; Lomnitz 2002; Morris 2011).

In joining the AMCPER in the fight against charlatan surgeons, the Mexican state is enforcing its status and authority as protector of the citizenry and the nation's

² In laying out the groundwork for a model of democracy away from the confines of proceduralism and closer to the everyday, American pragmatist philosopher John Dewey (1936) provided the notion of aesthetic experience: the transformation of tensions and frustrations into something meaningful and consummatory.

modernizing mission. Drawing inspiration from Taussig, I chart the role of aesthetics – of the body beautiful, deformed, dead – in the constitution of a state-society relationship. Moreover, I show that through narrated displays of danger and death in the national media, bureaucrats and surgeons perform their legitimacy to the Mexican public while seeking to shape them into modern subjects. The forging of ties between medicine, media, and the state has not been an organic process. It has arisen from the growing public desire to consume cosmetic procedures, which has resulted in the emergence of a “chaotic market” – a discourse that echoes broader public concerns with the state of the Mexican nation.

The remainder of this article is divided into four sections. The first analyzes media reports of Hollywood beauties and their plastic surgery. As plastic surgeons comment on the bodies of celebrated US actresses they bring into relief their modified bodies, discursively breaking down barriers between Mexican consumer-citizens and the white, rich US based elite. While others have commented on the “corporeal malleability” found in many Latin American societies, I show how this malleability is mobilized by plastic surgeons to produce new cosmetic imaginaries, to democratize beauty. In the second section, I examine the figure of the “charlatan surgeon” in Mexican cosmetic surgery. In professional and state discourse, black market and clandestine clinics are presented as a threat to both individual and national wellbeing. Read against Mexico’s longstanding, troubled relationship with modernity, I show that *Que la belleza no te cueste la vida* aims to fortify the importance of seeking accredited plastic surgery while reproducing the legitimacy of the state. The third section follows this analysis by showing how death and deformities are discussed by plastic surgeons in *Hospital General de Mexico*, which has a clinic dedicated to caring for patients who have received illicit plastic surgery. The discursive display of danger is used to provoke good consumption practice. To finish, the final section returns to the questions of aesthetics and ethics, examining the taming of aesthetics and the making of modern consumers.

Corporeal Malleability and Denatured Beauty

In biochemistry, to denature refers to the act of destroying the characteristic property of a molecule by changing its very structure. I borrow this term, having it speak to the discursive practice of destroying the character of human beauty as something innate and thus unobtainable. In doing so, I follow recent studies of biomedicine that examine how biology itself is increasingly produced with cutting edge biomedical science, of “denatured biology” (Haraway 1999; Sharp 2006). The practice I describe centers on public bodies, on celebrities and their fortunes and misfortunes. Further, it is mediated by Latin American bodily and medical ontology, in which “corporeal malleability” plays a significant role.

Writing about popular representations of “Latina iconicity” in the USA, media studies scholars Guzmán and Valdivia (2004) show how Hollywood celebrities such as Cameron Diaz and Salma Hayek tacitly perform ethnicity. Contrasting these performances, in which actresses move themselves between different ethnic and racial categories, with Western understandings of the fixed, rigid body, they write: “contemporary Latina iconicity connects to broader transformative notions of transnational identities in order to problematize Western gendered and racialized narratives of ethnicity and to theorize beyond them” (Guzmán and Valdivia 2004: 207). In her study of Assisted Reproductive Technologies in Ecuador, Elizabeth Roberts (2013: 577) makes explicit the link between the fluidity of what in many

western societies are fixed modes of being and Latin American ontologies³: “while scholars from the global North have tended to associate corporeal malleability with elite, hybrid, neoliberal subjects who can afford to partake in cutting-edge technological offerings to enhance and modify their bodies [...] I found in Ecuador that corporeal malleability is part of everyday relational existence across class and race.”

Significant in the media accounts presented below is that the “corporeal malleability” found in Latin America are enacted through, and reinforced in, the analysis of Hollywood bodies. In revealing the celebrated bodies of white, northern female elites to be medically manufactured, plastic surgeons are not only engaging and mobilizing these local ontologies of corporeal malleability. They are discursively breaking down the barriers between North and South, between local forms of distinction based on physiognomic appearance, and between the extremely rich and the Mexican who aspires to have a more beautiful (white) body. Here local forms of corporeal malleability, in which persons tactically perform race and class, fuse with consumption as a mode of literally shaping the self. In a part of the world where citizenship is enacted through consumption (García Canclini 2001), this results in a mode of political life where surgical modification and civic participation are not separate phenomenon.

Newspaper articles play an important role in the constitution of the cosmetic surgery consumer. Rather than offering an “unrealistic” depiction of beauty in which the modification of bodies happens out of sight, surgeons and storytellers combine forces to expose the makings of beauty. The bodies of Hollywood actresses, some of the most celebrated physiques in the world, are the focus of media attention as reporters interview plastic surgeons who diagnose faces shaped by scalpels, describe shortcomings in actresses’ appearances, talk of one too many operations had by this or that person. Implicit in these accounts is the notion that Mexican consumers can manipulate their bodies to become more like the white celebrities whose manufactured beauty is discursively dissected by local doctors. Cristina Ramírez, writer for *El Universal* is perhaps the most prolific aide in this process. Here I quote at length:

Among the most popular outpatient treatments are the application of botox and fillers, especially hyaluronic acid and collagen, to the lips and cheekbones.

Of course, you also have to take into account dental visits, thanks to which the stars are able to have a perfect, white smile.

The Texan Jessica Simpson is among the most frequent visitors to the operating theatre. She had breast implants after they lost size following a stint on the Atkins diet.

She has also had some modifications to her face: her nose was operated on to soften its appearance, and to justify the intervention, she said it was to correct an injury sustained during the shooting of the film *Major Movie Star*. Changes can also be seen in her chin, with the use of a mandibular prosthesis helping better define her cheekbones. Regarding her teeth, she underwent a bleaching process, and finally she also increased the volume of her lips (Ramírez 2010).

³ Similar, writing about cosmetic surgery and hormone therapy in Brazil, Edmonds and Sanabria (2014: 203-204) state that “Concerns about ‘tampering with nature’ – rooted in liberal political ideas about bodily autonomy – do not always translate well to other ethical contexts.”

The near perfect profiles of celebrities are presented as both obtainable and anything but natural. The media gaze denatures their appearance by describing in detail the modified anatomical structure of lips, noses, chins, and cheeks. Even weight loss results in a body ripe for medical enhancement. Stars are brought down to earth as anatomical structure is shown to be the result of medical intervention.

Diagnosis of surgical modification is only a part of the process through which beauty is denatured. Identification of aesthetic flaws in “need” of scalped alteration allows for an association with beauty as obtainable good. Familiar faces are subjected to the critical eye of surgeons trained in the art of making speak the bodies of this, that, or the other starlet who can improve her look through surgical remedies available to all. “Opinion” pieces in newspaper columns talk about things such as “Kate and her big ears.”

According to physiognomists, having large protruding ears symbolizes good fortune and that the person is generous. If this is true, the actress Kate Hudson is a woman who is easily detached from material things and is fortunate because hers are both large and detached.

Dr. Antonio Castellanos Barroso, director of Advanced Plastic Surgery, explains that the size of the ears should be proportionate to other facial features and look better when angled inwards.

He adds that for women it is much easier to conceal large ears, as they can be hidden under your hair, as the *How to Lose a Guy in 10 Days* actress does, who is rarely seen with her hair pulled back.

“She is certainly a very pretty girl and would be much more if given the opportunity to have her ears operated on. Fixing this small detail would put the icing on the cake” (Ramírez 2009a).

If successful starlets can gain from surgical enhancement, what then are the gains for the every woman? Dr Castellanos makes flexible and obtainable beauty beyond the genetically given. Within the local cultural economy, it is unmoored from its roots in nature and “enterprised up” (Strathern 1992), turned into a project of technical mastery. Kate Hudson, her Hollywood self, could benefit from this surgeon, and so could the reading consumer.

There are moral lessons within these stories. They tell us that even the most powerful women in the world’s most vain city can succumb to temptation – a good surgeon is central to retaining a beautiful appearance. Nicole Kidman, ¿*Qué le pasó a Nicole?* [What happened to Nicole?] wonders out loud a piece in *El Universal*, one of Mexico’s most syndicated newspapers. Although she retains her beauty of yesteryear, “it is clear that the Australian actress has used a variety of beauty treatments to retain her youth, but the results have not been entirely satisfactory.”

Dr. Jaime Haidenberg Vogel, plastic surgeon and member of the AMCPER, explains that when a qualified doctor performs facial rejuvenation procedures there should be no risks or complications.

However, if a person without the necessary skills or ethics practices these procedures, you can alter the features of the patient.

In Nicole, for example, you can see that she has lost motion between the eyebrows, that her lips are thicker than they were some time ago and a general change in the look of her face [...]

“You can not talk about just a procedure. Generally, in these dramatic changes involved the combination of botox, fillings – either the patient’s own fat, hyaluronic acid or collagen – and can include cosmetic surgery”, he says.

“When [botox] is not properly applied, it can temporarily paralyze a muscle, causing a temporary deformity” [...]

“No treatment is bad in an of itself. The risk is in their abuse, because this can alter facial features. Applied responsibly, such procedures are effective in cases of facial rejuvenation,” says the expert (Ramírez 2009b).

The morality of Nicole Kidman’s doctor is at issue in the above extract. Cosmetic procedures are not bad, and can preserve the appearance of beautiful women. In pointing out the flaws on her “rejuvenated” face, Dr Haidenberg highlights the danger implicit in plastic surgery, danger located not in particular procedures but in the nature of the doctors in whom people place their trust. In doing so, he takes a moral high ground, elevating himself to a plateau above that of even Nicole Kidman’s doctors, again closing the gap between North and South, Mexico and the USA. The chasm between Mexican consumers and Hollywood celebrities is narrowed as local ontologies of corporeal malleability are expressed through the language of cosmetic surgery. In critiquing the practices of US based cosmetic surgeons, Dr Haidenberg implicitly suggests that Mexican women can obtain the same level of surgery and thus the same beauty as their Northern neighbors. Further, in doing so, he partakes in the broader dis-placement of danger away from plastic surgery itself and into the hands of the unqualified, unethical practitioners, which is characteristic of the politics of fear in Mexican plastic surgery. Again, questions of Mexico and the politico-medical services provided in the country are at play here. This discursive denaturing of beauty is entwined with an erasure of the borders between modern and dis-modern, USA and Mexico, white and *mestizo*.

Cosmetic surgery in Mexico is intimately tied to the corporeal malleability found in the Americas and has emerged as a tool for achieving racialized beauty norms (Edmonds 2011; Gulbas 2013; Lloréns 2013). Writing on cosmetic surgery and the “Latina Body,” Hilda Lloréns (2013: 549) identifies the “Maja woman” as embodying idealized notions of beauty in Latin American and writes that she is a hybrid of North and South American body types. “The Maja is white or light skinned, has brown, green or preferably, blue eyes, a ‘fine,’ ‘feminine’ or European nose, is curvaceously thin, and has light brown (or a shade of blonde) long flowing straight hair.” The bodies under examination in the above extracts are those of “elite, hybrid, neoliberal subjects who can afford to partake in cutting-edge technological offerings to enhance and modify their bodies.” They are also white female bodies.

According to anthropologist Hugo Nutini (1997: 227), in Mexico “there are no fixed ethnic categories that are framed entirely by either somatic or sociocultural factors.” Rather, individuals perform their ethnicity by emphasizing particular cultural and phenotypic traits. As Nutini (ibid: 228) states, for example: “the middle and upper classes are acutely sensitive to the phenotypic characteristics of their members, since these small segments of Latin American societies consist mostly of genetically European populations. In these strata people try to minimize phenotypic Amerindian traits” in order to emphasize their class and ethnic status. Moreover, while official state narratives posit *mestizaje* (racial admixture) as constitutive of national identity, an ideology that suggests racial differences do not exist in Mexico, in everyday conversation “many Mexicans today express a preference for whiter skin and European features” (Villareal 2010: 657). And, as sociologist Adrés Villareal (2010) notes, Mexicans with whiter skin tend to occupy a higher socio-economic status.

In Brazil, beauty is often presented as a “right,” as influential plastic surgeons continue work to ensure cosmetic procedures are available for all in the context of an ailing national healthcare system. As Alexander Edmonds (2011) describes in his thoughtful ethnography, this so called “right” and its related citizenship emerged vis-à-vis larger concerns with modernization and nation making in a country that has experienced profound economic problems and that prides itself of racial equality. Plastic surgery, demonstrates Edmonds, is flavored by individual and national concerns with citizenship, social mobility and development vis-à-vis broader understandings of the racialized Brazilian body. More modest, my aim in this section has been to show that the western hegemonic norm of a static corporeality based upon neoliberal political ideals – the same norm that often makes medical enhancement ethically problematic (Edmonds and Sanabria 2014) – is dissolved as surgical consumption is presented as a legitimate mode of self transformation in the Mexican press. Increasingly, media stories containing cosmetic surgeons have come to focus on the importance of seeking qualified doctors.

Charlatan Surgeons: A Necessary Evil?

Charlatan surgeons and their closed clinics had a shamed place in the mid 2014 newspaper reports. We may think of them as representing a “backward Mexico” and situate them in relation to other politically pathologised forms of consumption, which underscore fears the nation has caught a bad case of dismodernity: “a mixture of a quite postmodern *desmadre* (chaos) and continuing aspirations to an unachieved modernity” (Lomnitz 2002: 110; Bartra 2002: Chapter 1). In the everyday, as Claudio Lomnitz (2002: 112) writes, such consumption “incorporates aspirations to progress and the material culture of modernity in imperfect and partial ways” resulting in “a form of kitsch ... for example, the [dismodern consumer] is moved by the sofas in her living room and she seeks to preserve their modernizing impact by covering them with plastic.” Lomnitz’s analysis is not derogatory or judgmental; rather it aims to expose how local questions of class and taste (à la Bourdieu) are flavored by Mexico’s relationship with modernity. Moreover, in this context, the elites’ distaste toward the forms of cultural capital and “dismodern consumption” imbues cosmetic procedures with profound political import, turning bodily modification into a realm where the health of individuals *and* the nation is at risk

The notion of modernity is itself something of a normative standard in Mexico, an imagined state of political, economic, and social being toward which the nation is continually striving. The particular nature of “Mexican Modernity” is often viewed as emerging out of something of a paradox: the desire to adopt US and European political and economic systems without changing the country’s social and cultural traditions (Bartra 2002). The United States has been viewed as a threat to the sovereignty of the Mexican State ever since the US-Mexico war, in which the southern-most nation lost much of its territory to its northern foe. Yet, paradoxically, while begrudging their northern neighbors, many Mexicans aspire to be more like and have stronger ties to the United States. Instead of existing as a practice that allows Mexico’s elite to enact their modernity, align their bodies with their white, northern neighbors, and reproduce traditional forms of class distinction, cosmetic surgery is coming to embody “a (low-status) aesthetics of modernity that is ... symptomatic of a process of deep cultural change in the Mexican national space. Until recently, nationality had been a mechanism for modernization,” now it is “the lingering mark of dismodernity” (Lomnitz 2002: 114).

I interpret *Que la belleza no te cueste la vida* and its associated discourse as an attempt to shore up the image of the state within this context where nationality is associated with a political failure to steer the Mexico into modernity. Let's look here, at a report from Channel 11 News:

Deformities, amputations or scars, and even death are possible consequences of submitting yourself to beauty surgery in places without adequate personal, equipment or facilities. This was the case of Hilda Díaz García, who recently lost her life after undergoing liposuction in a clinic in Iztacalco.

"[Charlatan surgeons] are using oils and things to increase the volume of the buttocks or augment the abdomen resulting in undesirable reactions, and then [trained] plastic and reconstructive surgeons are having to step in to repair or attempt to repair the damage caused," said Armando Osuna Sanchez, Secretary of Health of Mexico.⁴

Public health campaigns promote fear as surgeons and bureaucrats alike engage in a politics of the body designed to alleviate stigma associated with an increasingly corrupt image of cosmetic medicine.

Throughout history, cosmetic plastic surgeons have had a difficult time protecting and promoting their profession. Age old accusations that a surgery focused on aesthetics rather than ailments runs contrary to the Hippocratic oath to "First, do not harm" has resulted in ongoing professional attempts to gain legitimacy in the world of medicine (Gilman 1998). Examinations of the historical process through which cosmetic surgery was able to gain its (precarious) legitimacy in the world of medicine focus on its increased professionalization through the founding of related societies (such as the AMCPER) and the "discovery that it could heal psychological conditions" (Edmonds 2013: 236; Gilman 1998; Haiken 1997). The emergence of psychoanalytic concepts such as the "inferiority complex" lent credence to the idea that cosmetic medicine could cure mental health conditions. In its formative years all branches of plastic surgery – reconstructive or otherwise – were considered illegitimate and thus its practitioners – even qualified doctors – quacks. Like in other marginal medical fields "One of the ways in which legitimacy is performed is by constructing the figure of the quack or the amateur in ways that promote their danger and call for their replacement by 'professionals'" (Fournier 2001: 118). Below I show how quacks are emerging as central to the legitimation of cosmetic plastic surgery and the state in Mexico.

On first appearance, competing with unqualified surgeons seems to be further troubling the already dubious medical status of cosmetic plastic surgeons. I first learnt of the existence of the charlatan or *patito* ("quack" but literally "duckling") surgeon in Mexico some years ago when reading a 2005 editorial of the AMCPER journal *Cirugía Plástica*. The writer, an employee of a government workers hospital in Mexico City and Professor of Plastic and Reconstructive Surgery at the country's National Autonomous University (UNAM), began the piece by citing an article in an 1877 issue of the *Gaceta Médica de México*. The presence of charlatan surgeons in the country, it seems, has been cause for concern for at least one hundred and thirty eight years: "as knowledge advances the profession decays: quackery ... threatens to darken and destroy" (*Gaceta Médica de México*, 1877: 7 cited by Cuenca-Guerra 2005: 68 my

⁴ Retrieved October 15, 2013 this link is no longer active: <http://oncetv-ipn.net/noticias/index.php?modulo=interior¬a=20&dt=2013-06-07>

translation). What, asks the editorial, has society and the profession been doing to stop the threat charlatans pose to the public, to science? Why, questions the doctor, do people spend week after week, month after month searching and saving for a quality automobile but look for the cheapest option when it comes to surgically altering their body?

The piece, now a decade old, does more than reference the explicit relationship between good consumption and good surgery. It produces an illicit, evil other from which cosmetic surgery can regain and solidify its status as ethical, acceptable and safe. There are at least three types of charlatan plastic surgeon, we are told: “The Shameless Charlatan” is the altogether untrained person who makes ugly his clientele through cooking oils and an ineptitude; “The Invader Charlatan” is the legitimate surgeon who was unable to gain official accreditation as a specialist due to a lack of skills and thinks it easy to make some extra cash, to use his general knowledge to modify the appearances of the willing public; while “The Ant [*hormiga*] Charlatan” is the legitimate trained and qualified specialist surgeon who every now and then has a client that probably shouldn’t be operated on (e.g. for health reasons) but convinces the doctor to operate anyway. All in all, charlatans provide an avenue for the bad consumer, the consumer lacking fiscal and psychological conscientiousness, to enter the plastic surgery marketplace. The charlatan-client relationship is all about ethics and aesthetics: harm is being done all-round as illness and ugliness threaten the wellbeing of the profession, the citizenry, and the nation. It is also part of a discursive and deadly merry-go-round in which the poor and their “imperfect” bodies flow between illicit and legitimate institutions allowing for the continued creation of the profession and its practitioners.

Newspapers and general practitioners refer the clientele of charlatans to the public and social service institutions that provide reconstructive and cosmetic surgery at a means tested price. Their bodies become the center of a particular mode of biopolitical capitalism in which the present and future health of the population is intimately tied to the preparation of new generations of plastic surgeons. The head of the unit at *Hospital de Sur*, a teaching institution, sees as a frivolous necessity the provision of aesthetic surgery in his department. The UNAM (National Autonomous University of Mexico) program through which many plastic surgeons in Mexico are trained requires that they learn cosmetic procedures: facelifts, rhinoplasty, breast enlargement are all offered at less than market prices in order to prepare surgeons for a life in which they are required to treat conditions with causes ranging from genetic anomaly to post-colonial imaginaries (cf. Molina 2009). From my witnessing though, it was as much correcting botched facelifts, reshaping bad nose jobs, or replacing mammary prosthesis that happens in these teaching programs. (Though, I did see families coming to consultations seeking operations for the *quiencienera* and mother-daughter duets together having their noses shaped in similar fashion - observations that are to be written about another time.) So, the illicit and legitimate exist in a dialectical relationship: charlatan surgeons both threaten the image of, and provide the necessary resource for the making of, a “good” cosmetic plastic surgery.

The government plays an increasingly important role in this making good. In the media campaigns that warn against the *patito* surgeons, we learn that the government both has devised a new system of accreditation and continues to close down unregistered clinics one after the other. There are certain standards that need to be met for qualified, certified cosmetic surgeons to run a clinic. The launch of the campaign has resulted in many centers being sanctioned – temporarily closed – until they gain the required government licenses. Writing about politics in Mexico, says de Vries (2002: 923): Power “works through the political use of stories, gossip, desires,

spectacular imaginations and fantasies by means of which heterogeneous actors can recognize themselves as political subjects, thus playing an active yet unacknowledged role in the imaginary construction of a powerful political center.” The state as an “imagined thing” (Abrams 1977) is grounded in the warnings and worries produced by the plethora of national agencies involved in governing cosmetic surgery in Mexico – through speech and policy.

Making good the profession and citizens is also an act of state making. Government institutions and individuals offer up paperwork that works as and alongside advice about how to be a good consumer in the world of corrupted medicine. In November 2013, the federal commission that regulates medical devices and services in Mexico (COFEPRIS) issued a Public Health Notice warning potential consumers of the presence of charlatan clinics. Here, the conscientious consumer learns how to search for potential signs of illegitimate practice while learning of the protecting practices of the state. An eight-point checklist is provided. As well as the standard license and registration, client citizens are told of other signs that should make them worried; the layout and structure of the facility should display a number of features. Here, for example, are points 6-8:

6. The operating theatre should exhibit the follow characteristics:
 - a. The floors should be clean and smooth, that is, there should be no protrusions or grooves that could accumulate dust or bacteria.
 - b. There should be a proper operating table and specialist lighting
 - c. It should have a special team for administering anesthesia, led by a trained anesthesiologist.
7. There should be a dedicated area for recuperation post-surgery.
8. The medication should exhibit sanitary registration, in Spanish, must not be out of date and is to be administered at intervals. (Secretaría de Salud 2013)

The abundance of charlatan clinics offering clandestine surgery has resulted in state institutions asking and teaching the public to act in a particular way – like a government agency:

For this reason, the Secretary of Health of the *Distrito Federal*, Armando Ahued, asked that Mexico City residents seeking such services make sure that the establishments and personal have the required certificates and legal documentation. He requested that establishments without them be reported to the Health Protection Agency. (Pantoja 2013)

As the public is enrolled in the fight against the charlatan, the Mexican state emerges as protector of the population, as a rightful actor in and enforcer of the public sphere in a country where corruption and neoliberal policy continually threaten government legitimacy. The legitimacy of the government and of cosmetic surgery is forged alongside the illicit and illegal: as “avowed enemies of legitimate authority” they are “necessary in the reproduction of state power” (Nugent 2007: 204).

Exposure and Expertise

In an article on legitimacy, certification and acupuncture in Ho Chi Min City, Gillian Lê (2013: 446) writes that while government and developmental agencies look to educational certificates and accreditation to improve the quality of medicine and thus the health of the population, they fail to account for the numerous qualities and various

parties that contribute to the reputation of medical practitioners. Her work highlights the interplay of bureaucratic, consumer, and professional actors in forging the reputations of medical professionals. Here, I am interested in the making of expert authority and legitimacy through the telling of patient horror stories in the Mexican press. Plastic surgeons, whether quack or qualified, engage in a more literal practice of denaturing human biology to that I described above: they inject and implant individuals with foreign substances turning the body itself into a mixture of nature and artificiality. As well as providing another avenue for arguing that plastic surgery is not in itself dangerous, in speaking about the consequences of “clandestine” (i.e. “dismodern”) beauty procedures these doctors situate themselves as medical and scientific experts, as reputable authority figures.

The focus of *Que la belleza no te cueste la vida* is not only on plastic surgery centers, it is also on the some 10,000 *clínicas de belleza* that exist in Mexico City alone. These are establishments that provide services ranging from manicures and haircuts, to (illegal) injections with fillers or other substances in the face, breast, or buttocks for the purpose of improving appearance. The now 35 year-old Rocío told her story to Christina Pérez-Stadelmann (2012), who writes for *El Universal*: When Rocío was 19 her friend convinced her to have “a little work” done on her buttocks; a woman working out of her home injected straight into her polyvinyl methacrylate, a liquid plastic. Eight years passed before she began to feel a burning sensation and bumps and black marks erupted on her buttocks. “The pain was unbearable, like needles sticking into me.” The university educated single mother is now a patient at the Hospital General de México’s clinic for treating illness caused by injection of foreign substances; she is unable to sleep, constantly feels unwell, has tried to commit suicide and has had to abandon her job and lives with the constant knowledge that eventually the liquid could result in a fatal blood clot.

Her specialist, rheumatoidologist Dr Gabriel Ramírez, describes to the paper and its readers as exemplary the story of Rocío: illness caused by injections of foreign substances “is turning into an epidemic, a public health issue that incapacitates a great number of patients during the most productive years of their life, due to multiple local and general ailments ranging from pain, inflammation, fever, atrophy and changes in skin pigmentation, to ulceration, infection – including of internal organs, as well as potentially triggering rheumatoid conditions – that emerge as a consequence of the massive infiltration of substances ... and an overall change in the bio-psychosocial life of the patient” (Pérez-Stadelmann 2012). The clinic where Rocío is a patient and the doctor works is an experimental site where knowledge is being (1) produced regarding how to treat such conditions and (2) disseminated regarding the legitimacy of the institution and its personnel. Here medical language is central: Dr Ramírez’s talk not only informs the reader of the consequences of clandestine procedures but highlights the expertise of the doctor and her colleagues: the voice of medicine expresses a “scientific attitude” in a disorderly world.

The threat of death exists alongside the production of legitimacy and the continued making of the profession. Managing life and death has long been a tool of political interests, especially in Mexico. Writes Claudio Lomnitz (2005: 483): “If death has been a looming presence in Mexican political discourse, it is because the political control over dying, the dead, and the representation of the dead and the afterlife has been key to the formation of the modern state, images of popular culture, and a properly national modernity.” In the campaign against the charlatans and the story it creates, death has a central role. Dr Haddad Tame, then president of the AMCPER, surgeon at the same hospital, and a man I have spoken to on numerous occasions about ethics and other things (e.g. Author 2014), views as root of the problem greed,

ignorance, naivety, and the demands of a society that is too concerned with appearance. One of his patients was injected with eighteen liters of various substances: “We had to amputate limb-by-limb as the infection progressed until eventually he died” (Pérez-Stadelmann 2012). These stories both make real the consequences of illicit consumption and bolster the reputations of doctors whose job is both to reconstruct and to enhance the appearance of the Mexican population.

This second mode of denaturing accompanies and makes inherently dangerous the democratization of beauty. The body itself becomes a mixture of nature and artificiality as the immune system of the Mexican state bolsters its response to foreign, illegitimate invaders. The *desmadre* of the national present enters the bodies of Mexican citizens in the form of cooking oil, fillers, and other substances. Lives, livelihoods, limbs are lost. The professional and political response involves harvesting the horrific and making it speak to the masses.

While plastic surgery provides a potential avenue for citizenship, the Mexican citizen as much as the charlatan surgeon is made responsible for threatening the country’s move toward modernity and is thus in need of control. *Que la belleza no te cueste la vida* is all about control, about making responsible consumer citizens who in channeling their funds into the hands of “good” cosmetic surgeons also care for themselves, for the profession, and for Mexico. As surgeons and bureaucrats warn the public of these dangers, they are made moral and intellectual superiors. Rather than professionals dedicated to fixing cosmetic grievances (of state legitimacy, of women’s bodies), both of these groups emerge as parties concerned with the health of the nation.

The aesthetics of terror that is deployed as part of the health campaign seeks to produce a disciplined public while reifying the legitimacy of the Mexican nation state and a deleterious medical field. Knowledge making is a central component of this aesthetics. The work of the campaign has required an engagement and expanding of literature on the coproduction of scientific and political order to include the work of media accounts in the constitution of the Mexican public as a “virtual witness” to the making of various matters of fact. Here, the clinic is the site of producing and deploying various truth claims not through experiment in the classic sense. Rather, *Que la belleza no te cueste la vida* sees the everyday knowledge of experts and the artifacts of the epidemic of illicit practice - dismantled and dying bodies - mobilized in what might be best thought of as an experiment in biopolitics. The mobilization and making of clinical narratives as matter of fact in the media has important overlaps with experiment as it is more commonly understood: it requires an ongoing interaction between a material, literary, and social technology (Shapin and Schaffer 1989) – the body of the deformed, the media and its witnesses, and the *a priori* conventions of sense making in Mexican political life. These modes of virtual witnessing buttress the import of good consumer practice; they make real the dangers of illicit, black-market medicine. They are a central element in the coproduction of knowledge and social order, in the constitution of citizenship, and in the reworking of democracy.

Coda

In 2008, I spoke to Dr Jose Haddad Tame, the surgeon quoted in the above media report of the “epidemic in illegal surgeries.” When speaking about medical ethics and cosmetic surgery, he offered me the following:

I think that today any surgical procedure, not only plastic surgery, any surgical procedure involves questions of medical ethics, medical behavior; and, of course, particularly plastic surgery [...] because it involves an economic

situation, a situation in which you operate on the body in order to change the mind. That really is the purpose of plastic surgery. You operate on certain body parts and modify the body, but with the idea that increases mental wellbeing [*que te sientas mayor acá arriba*]. And there are patients who are not candidates for plastic surgery because you know that changing their physique will not prove the results they want, or can not meet the expectations they have, and yet many surgeons operate on these patients, breaking many ethical principles with a single purpose. Ethics falters when you give more importance to money than your honesty and the bodily integrity of the patient. It's that easy. And the same thing happens with drug trafficking and the same thing happens with the corrupt cops. Maybe they were good cops, but there came a time when they were offered money for transporting drugs or distributing drugs and they broke all ethical protocol for personal gain. That is something that is already being taught in universities, in medical schools in Mexico, because it is a very important and more should be done to avoid such things.

In this extract Dr Haddad Tame implicitly locates and compares unethical plastic surgery in Mexico to broader, widely discussed national problems – corruption and drug trafficking. The bodily integrity of the Mexican consumer is tacitly tied the integrity of the nation, as problems of ethics and personal gain put at risk the wellbeing of the patient (consumer-citizen) and that of “legitimate” cosmetic surgery. Cosmetic surgery, and *Que la belleza no te cueste la vida*, are infused with national concerns of development and (dis-)modernity. Here the energizing force of aesthetics needs to be managed in order to secure individual, institutional and national wellbeing.

In Mexico and elsewhere in Latin American, becoming white and beautiful is a way to improve social status; and whitening the citizenry is a mode of achieving national modernity, of breaking down boundaries between north and south (Edmonds 2011). While the modernity of the surgically modified body of the white US celebrity is discursively made available to local patient citizens, the ability to make Mexican women (and the state) “modern” through medical consumption is threatened by *patito* surgeons and back street beauty clinics: By producing white, modern consumer bodies, cosmetic surgery provides an avenue for further blurring the boundaries between the north and south, Mexico and the USA. However, it is emerging as another domain that embodies and reproduces Mexico's struggles with modernity. At the same time, the government of the illicit becomes a way to sure up the weakening legitimacy of the state and dubious status of cosmetic surgery as a legitimate form of medicine.

Inspired by Michael Taussig's provocation to reflect on aesthetics as energizing force, I have sought to engage with public representations of plastic surgery and the promises that it can offer to Mexican consumer citizens. I compared the kinds of representations I witnessed while in Mexico, representations that reflect and reinforce the ontology of corporeal malleability found throughout Latin America, with the coverage of plastic surgery now prominent in the national press. I began this article by citing at length a number of very different media reports around cosmetic surgery. These reports focus their attention on surgical consumption by Hollywood actresses renowned for their beauty, and show how surgery becomes a means to “remake one's mindful body in accordance with the demands of developmental modernity, to remake oneself as if one were a modern, bourgeois subject” (Cohen 2004: 172). I also began this article by noting a shift in the coverage of cosmetic surgery in national newspapers such as *El Universal*. Increasingly coverage of cosmetic surgery in these forums is concerned with the consequences of illicit plastic surgery, illicit medical consumption. In this coverage, surgeons and public officials attempt to govern this corporal

malleability by encouraging citizen consumers to exercise responsible choice – to seek out qualified cosmetic surgeons. Dead and deformed bodies are put on display in order to promote such consumption as the aesthetics of possibility becomes coupled to an ethics of responsibility in which developmental citizens qua “as-if moderns” are tasked with caring for themselves in the face of charlatan doctors and *hormiga* surgeons. The margins are moved into the center as the state attempts to appropriate and transform the chaos of Mexican *desmadre* into its modernizing project.

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